JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46410

File No.

Registered No. 12197

1. PLACE OF DEATH

County

Registration District No. 791 1003

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. 1409 St. Ange St. St. Ward)

2. FULL NAME William Ungerman

(a) Residence, No. 1409 St. Ange St. St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christina Ungerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1863

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER

13. NAME: Adam Ungerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Melinda Heisler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Edna Ungerman, 1409 St. Ange

18. BURIAL, CREMATION, OR REMOVAL: PLACE New Picker Cem. DATE Dec. 14 1936

19. UNDERTAKER (ADDRESS): Thos. G. Murphy Undt. 1926 Allen Ave.

20. FILED 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12 - 11 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936, to Dec 11, 1936

I last saw him alive on 12/11/36, 19 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & cirrhosis of liver generalized edema	Apr. 1936

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. C. Pfeffer, M. D.

(Address) 4523 S. Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.